

FEEDING PRACTICES DISREGARD DEVELOPMENTAL NEEDS (411F, 425F)

PARTICIPANT TYPE.....	INFANTS, CHILDREN
HIGH RISK.....	NO

RISK DESCRIPTION:

Routinely using feeding practices that disregard the developmental needs or stage of the infant or child.

Examples:

- Inability to recognize, insensitivity to, or disregarding the infant/child's cues for hunger and satiety (e.g., forcing an infant/child to eat a certain type and/or amount of food or beverage or ignoring hunger cues)
- Feeding foods of inappropriate consistency, size, or shape that puts infant/child at risk of choking
- Not supporting a infant/child's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant/child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils)
- Feeding an infant/child foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant/child is ready and capable of eating mashed, chopped or appropriate finger foods)

ASK ABOUT:

- Developmental skills related to feeding
- Caregiver's understanding of typical hunger and satiety cues
- Caregiver's knowledge of typical infant feeding skill development
- Availability of developmentally appropriate foods and utensils
- Family dynamics that affect feeding (e.g., number of caregivers, daily schedules, other environmental factors)

NUTRITION COUNSELING/EDUCATION TOPICS:

- Review age-appropriate feeding guidelines for infants:
 - Emphasize hunger cues (rooting, sucking, on hand or lips, etc.) and satiety cues (turning head away, pushing nipple or spoon out of mouth, shaking head, etc.).

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Review age-appropriate feeding guidelines for infants (con't):
 - Infants are born with a natural ability to regulate their own food intake based on hunger, appetite and satiety. Consistently trying to control an infant's food intake or timing of feedings may disrupt an infant's ability to control their own food intake. It can also lead to overfeeding or underfeeding.
 - Emphasize developmental cues for starting solid foods using a spoon (e.g., sits up with help, opens mouth for spoon, keeps most of cereal in mouth, pulls in lips as spoon is removed from mouth, turns head away when full).
 - Older infants (6 months and older) will gradually progress from semisolid foods to thicker and lumpier foods to soft pieces to finger-feeding table food.
 - Review the division of responsibility in feeding. Infants of caregivers who over manage feeding by restricting intake or encouraging excessive intake may develop negative or unpleasant associations with eating that may continue into later life.
- These associations may also contribute to obesity. Review age-appropriate feeding for children:
 - Allow children to decide how much, if any, they eat at regular meals and snacks. Bribery, rigid control, food struggles, and short-order cooking deprive children of the opportunity to learn to control their own food intake.
 - By 15 months, children can manage a cup although they still spill.
 - At 16-17 months, well-defined wrist rotation develops so children can transfer food from the bowl or plate to their mouths with less spilling.
 - At 18-24 months, they learn to tilt a cup with their fingers.
 - Even after developing these feeding skills, many two-year olds prefer using their fingers rather than using a spoon or fork.
 - Three and four-year olds are interested in trying new foods. When offered a variety of foods, they learn to eat many textures and kinds of food.
- Review foods that are choking hazards for infants and young children:

○ Peanuts, other nuts	○ Potato/corn chips
○ Seeds	○ Fish with bones
○ Whole grapes, berries or cherries	○ Marshmallows
○ Raisins and dried fruit	○ Plain wheat germ
○ Peanut and other nut butters	○ Cookies
○ Whole pieces of canned fruit	○ Hard candy
○ Large chunks of cheese	○ Whole kernel corn
○ String cheese	○ Whole beans
○ Fruit with pits	○ Raw carrots
○ Tough meats	○ Other hard raw vegetables
○ Chewing gum	○ Hard pieces of partially cooked vegetables
○ Popcorn	
○ Hot dogs and sausages	

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Discuss techniques to avoid choking:
 - Modify the consistency or texture of risky foods by cooking; mashing; pureeing; mincing or chopping; grinding; removing bones, pits and seeds; and/or adding liquid to foods.
 - Cut round foods (e.g., string cheese, carrots, hot dogs and sausages) into strips rather than coins or slices. Coins or slices may lodge in the child's throat and cause choking.
 - Infants and young children should be seated with adequate support when eating (i.e., sitting in a high chair or booster seat).
 - Parents should always sit down with an infant or child to supervise feeding.
 - Don't feed infants and children when they are crying, laughing, or playing.

POSSIBLE REFERRALS:

- Refer to primary health care provider for further questions and concerns regarding feeding and development.
- If the child is not receiving well child care or keeping appointments, refer the child (if on medical assistance) to Health Tracks (<http://www.nd.gov/dhs/services/medicalserv/health-tracks/>), the local public health department, or primary care providers in the community.
- If the child appears to have developmental delays, refer the family to the Right Track Program for early intervention services (<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>).